

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2096

Registration District No. 124

Primary Registration District No. 309

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
423 Thomas St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

8. (a) PRINT FULL NAME Amanda B. Pickins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herbert L. Pickins 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan 12 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 0 11 hr. _____ min.

9. Birthplace Cape Girardeau, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Theodore Schroeder

18. Birthplace Gardowille Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Haman

15. Birthplace Cape Girardeau, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert L. Pickins

(b) Address 423 Thomas, Cape Girardeau

17. (a) Burial (b) Date thereof 1-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martin's Cem.

18. (a) Signature of federal director E. L. Haman

(b) Address Cape Girardeau Mo

19. (a) 1-23-41 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 423 Thomas St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1941 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1
1935 to Jan 23 1941

that I last saw him alive on Jan 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

121 While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature John W. Berry (M. D. or other) D

Address Cape Girardeau Date signed 1-23-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16
1
4

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.